



**APPLICATION FOR HEARING WITH RESPECT TO NOTICE TO  
MUZZLE/DANGEROUS DOG DECLARATION  
Town of New Tecumseth Dangerous Dog By-law No. 2002-045**

*This appeal form shall be delivered to the Clerk/Director of Administration Services within thirty (30) days after the Notice to Muzzle has been served.*

Attn: Municipal Law Enforcement  
10 Wellington Street East  
Alliston, Ontario L9R 1A1

1. Dog Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

2. Details of Dog Deemed Dangerous:

Dog's Name \_\_\_\_\_ Dog Tag #: \_\_\_\_\_

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Age: \_\_\_\_\_

3. Reason for request for Hearing (If additional space is required, please attach additional pages to this form):

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

4. Please advise who will be attending the Hearing

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this Application is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Dog Owner

\_\_\_\_\_  
Date